



My name is
Tyler,
and in 9 years
I'll be an
alcoholic...

Coalition has a simple message for Washington State parents:

“Start talking before they start drinking!”

The Washington State Coalition to Reduce Underage Drinking (RUAD) launched a statewide television campaign in March to encourage parents to talk with their children about the dangers of drinking.

The campaign's catchphrase is: “Start talking before they start drinking!” It is aimed at parents, particularly those with children in middle school.

“We want parents to know that any use of alcohol for youth involves risk, not just binge drinking or drinking and driving. Alcohol use is strongly correlated with violence, risky sexual behavior, and poor academic performance. It has a greater impact on the developing adolescent brain,” added Allen.

One of the television ads features a child in a recovery support group saying: “My name is Tyler, and in nine years I'll be an alcoholic. I'll start drinking in middle school, just at parties, and by the time my parents find out, I'll already be in some trouble.”

The commercial goes on to note that children who start drinking before age 15 are five times more likely to develop alcohol problems when they reach adulthood.

Another ad reminds parents that children watch and imitate what they do, including how often they drink. The ad features several adults drinking at a party where children are present. The announcer asks parents: “How strong are the bonds between alcohol and the way you celebrate?”

The television ads direct parents to a new Web site – www.StartTalkingNow.org – to get information about the short and long-term consequences of underage drinking, and tips on starting conversations about alcohol. The ads can be viewed at www.stopalcoholabuse.gov.

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Do you have a success story or news to share?

Please contact:

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email: schneda@dshs.wa.gov

Prevention and Treatment Resources

DASA website: www1.dshs.wa.gov/dasa

Chemical Dependency Professionals:
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:
1-800-562-1240
www.adhl.org

Alcohol/Drug Prevention Clearinghouse:
1-800-662-9111
<http://clearinghouse.adhl.org>

DSHS Secretary
Robin Arnold-Williams

DASA Director
Doug Allen

*From
the
Director*



2007 Legislative Session

By Doug Allen

The 2007 Legislative Session holds great promise for the Division of Alcohol and Substance Abuse (DASA) as we strive to fulfill our continue mission to promote strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency.

In past sessions, the Legislature and Governor have expressed confidence that investment in quality substance abuse prevention, intervention, treatment, and aftercare/recovery services results in more productive individuals, families which are safer and more secure, more vibrant communities, and a healthier state. In addition, there has been growing recognition that problem and pathological gambling are issues that should be addressed in a concerted, statewide effort.

In this context, the Governor has submitted three significant DASA-related proposals for inclusion in the 2007 Budget:

Outpatient Rate Study – A study conducted by Dr. James Sorensen of the University of Denver found that DASA is underfunding its outpatient providers by 43-52% of the actual cost of services. The result is an outpatient system that struggles to ensure the quality of services and providers that are often in financial jeopardy. According to the study, “the outpatient service system faces an imminent

collapse.” The Governor is requesting \$6,379,000 for the 2007-2009 Biennium to cover outpatient rate increases and close the gap between payment and the cost of services provided.


Treatment Expansion – Preliminary estimates regarding individuals who have received chemical dependency treatment through expanded resources made possible by SB 5763 indicate that medical cost offsets are even greater than anticipated. For Medicaid-eligible aged, blind, and disabled clients, the cost savings per patient per month are \$289 after subtracting the cost of chemical dependency treatment, some 45.2% higher than the original estimate of \$199/month. The Governor is requesting an additional \$4,718,000 to serve Medicaid-eligible adults and youth in the 2007-2009 Biennium, \$2,186,000 for adults and \$2,532,000 for youth.

Problem Gambling – The proposed budget provides \$67,000 and 0.5 FTE for administrative staffing for the Problem Gambling Program. This additional support will allow the dedication of additional resources to increase program utilization and prevention efforts.

We look forward to cooperating with the Governor, Legislature, our public and private partners, and Washington citizens in our continuing efforts to make Washington an even better place in which to live, work, and raise a family.



Coalition continued from Front Cover

DSHS is one of 22 agencies that are members of the RUaD Coalition and share oversight of the statewide program funded by the federal Office of Juvenile Justice and Delinquency Prevention. The complete list of member agencies can be found on the campaign Web site. 

The RUaD Coalition

First spouse, Mike Gregoire, hosted a meeting of the Washington State Coalition to Reduce Underage Drinking (RUaD) in November. Twenty-three organizations have met monthly since January 2006 to:

- increase public awareness about the harmful effects of underage drinking.
- give advice that may impact public policy, serve as a communication hub for underage drinking issues, and provide an opportunity to share information and coordinate efforts among state agencies, tribes, statewide organizations, and others.

Town Hall Meetings

Meetings to increase community awareness and plan strategies to reduce underage drinking were held in 54 communities and involved 3,669 people. Many meetings formed or strengthened local coalitions which are now implementing action plans. Each meeting received communications materials and individual community profiles.

The Coalition decided on three initial strategies from the proposed solutions:

- Conduct an adult-oriented communications campaign that supports local efforts;
- Reduce youth exposure to alcohol marketing and advertising by industry;
- Support local law enforcement efforts to enforce underage drinking laws.

The Coalition's overall goal is to create and sustain a broad societal commitment among individuals and organizations at the local and state level to reduce underage alcohol use. For more information about RUaD, contact Earlyse Swift at (360) 725-3807 or swift@dshe.wa.gov.

2006 Healthy Youth Survey Results on Alcohol Use:


- 15 percent of 8th graders used alcohol during the past month.
- 20 percent of 10th graders, and 26 percent of 12th graders engaged in binge drinking during the previous two weeks.
- One out of five 10th graders was drunk or high at school in the past year – a 21% increase from 2004.
- See the entire survey results at www.doh.wa.gov.

New NFATTC Report Identifies Issues in Treatment Workforce Development

By Felix Rodriguez, Research Investigator, Evaluation and Quality Assurance

What changes are taking place within the substance abuse treatment workforce in Washington State? What are the most important issues related to workforce development and planning in the state? Findings from a survey of 263 treatment directors and 791 clinicians in Washington State conducted by the Northwest Addiction Technology Transfer Center (NFATTC) in 2005 provide answers to these questions. The survey included questions on workforce demographics, academic and professional background, work, clinical supervision, salary and benefits, staffing and turnover, recruitment and retention, job satisfaction and stress, training needs, and access and use of technology. Among the key findings of the survey are:

- The treatment workforce is maturing: 70 percent of directors and 52 percent of clinicians are over the age of 50.
- People are entering the field at all ages: new entries into the field are just as likely to be over 40 years old as they are under 40 years old.
- More clinicians have completed a Bachelor's degree: 60 percent in 2005 compared to 45 percent in 2002.
- Staff recruitment is difficult: 57 percent of directors and 52 percent of clinicians reported their agency had problems filling open positions.
- Low salary discourages entry into the field: 80 percent of directors and 82 percent of clinicians reported low salary and poor benefits as major barrier to joining the field.
- Statewide staff turnover averages 26 percent in 2005, slightly higher compared to 22 percent in 2002.
- Salaries have to be raised: 58 percent of directors and 68 percent of clinicians cited need for more frequent salary increases to retain staff.
- Job satisfaction is above average: despite reporting high job stress, 85 percent of directors and 70 percent of clinicians reported above average job satisfaction.
- The burnout experienced by clinicians appears to be largely underestimated by directors: only 15 percent of directors compared to 38 percent of clinicians indicated that burnout plays a role in clinicians' decisions to quit.
- Regulations and compensation are reasons for dissatisfaction: 42 percent of directors reported too many regulations on agency and 53 percent of clinicians reported salary and benefits as factors contributing to job dissatisfaction.

A copy of the report, *The Current State of Addiction Treatment: Results from the 2005 NFATTC Substance Abuse Treatment Workforce Survey – Washington State*, can be obtained from NFATTC by calling (503) 373-1322, or by writing to 810 D Street NE, Salem, Oregon 97301. A copy of the report can also be downloaded from the NFATTC website: www.nfatcc.org. Questions regarding how the data are being used can be directed to Dr. Steve Gallon: gallons@ohsu.edu. Questions about methodology, data collection, and data analysis can be directed to Jeffrey R.W. Knudsen: jknudsen@rmccorp.com. 

Youth Exposure to TV Alcohol Ads Rising, CAMY Says

A proliferation of liquor and other alcohol ads on cable TV has contributed to a 41-percent increase in youth exposure to television alcohol advertising, according to a new report from the Center on Alcohol Marketing and Youth (www.camy.org).

"More spending on television, especially on cable, translates into kids seeing more and more alcohol ads," said David Jernigan, executive director of CAMY.

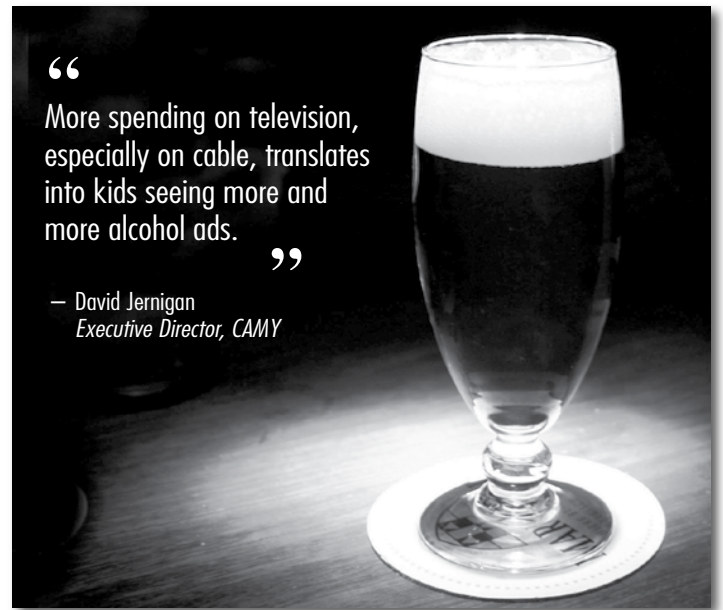
The report, *Still Growing After All These Years: Youth Exposure to Alcohol Ads on TV 2001–2005*, found that industry self-regulation standards for TV ads – including a pledge not to advertise on programs with an underage audience of more than 30 percent – have provided insufficient protection for young viewers, although fewer ads are now being placed on shows with large youth audiences.

"Twenty state attorneys general and the Institute of Medicine (IOM) have said the alcohol industry needs to do a better job of shielding our kids from its advertising," said Jernigan. In 2003, the IOM recommended that alcohol ads be banned from shows with youth audiences of 25 percent or higher, and that the industry then move to a 15-percent standard.

"Despite the industry's efforts, youth exposure to alcohol advertising on television is moving in the wrong direction," said Jernigan. "More effective ad placement standards and ongoing, independent monitoring of alcohol-industry practices

will help parents and policymakers make certain that our kids are not overexposed to alcohol advertising."

CAMY said that spending on alcohol ads rose 34 percent between 2001 and 2005, and the number of ads televised increased 34 percent. The alcohol industry is now spending more than \$1-billion annually on TV ads, the report said. Most of the alcohol ads viewed by youth are now on cable television. 🐼



Anti-drug Program Succeeds by Focusing on Positives

An Ohio State University (OSU) study suggests that a well-designed in-school and community communications campaign can dramatically cut marijuana and alcohol use among young teens.

In a study of 32 schools in 16 communities around the country, researchers found that the campaign cut in half the number of students who began using marijuana and alcohol during the two years of the project, compared to students in communities without the program.

The campaign included print materials, such as a series of posters, as well as promotional items such as book covers, tray liners, T-shirts, water bottles, rulers and lanyards.

The success of the campaign was largely due to the sophisticated, well-researched theme, developed over the past 15 years by study co-author Kathleen Kelly, professor of marketing at Colorado State University. The theme was "Be Under Your Own Influence," which spoke to teens' efforts to establish their own identities and be in control.

A similar theme has been adopted by the Office of National Drug Control Policy for its national anti-drug campaign,

"Above the Influence." OSU assisted in the planning of this campaign as well. Results of the study were published in the journal *Health Education Research: Theory and Practice*.

For more information about the OSU campaign, visit <http://researchnews.osu.edu/archive/antidrug.htm>. To use the "Pieces", "Arms" and "Pressure" ads from the Above the Influence campaign, go to: <http://www.mediacampaign.org/mg/print.html>. 🐼

Got FOCUS?

To continue bringing you useful information in FOCUS, let us know what matters most to you, and the drug prevention and recovery news and successes happening in your community. Send your comments and information to Deb Schnellman at schneda@dshs.wa.gov.

Recovering from Gambling Addiction

My gambling addiction got started in Atlantic City, New Jersey and I am finally regaining my self respect in Seattle. I struggled with slot machines, scratch tickets, Bingo and pull tabs. I went from one casino to the next, and one store to the next trying to win back some cash, which I would spend again on gambling.

As my addiction got worse I decided to get help before I went bankrupt. I went to Gambler's Anonymous (GA), which worked for awhile. Then I got distraught and started playing again. I confided in my case manager about my addiction and she suggested I seek professional counseling. It worked. This time I was really going to curb my passion and straighten up my act.

It hasn't been easy. I go to GA weekly and I'm taking care of my debts. I haven't played Bingo or been in a Casino for six months, and am quitting pull tabs and scratch tickets. Gambling has caused me a great deal of financial distress and poor health. I'm finally paying off my gambling debts regularly. Each month I can see the amounts decreasing to lower levels. I love not having loans to pay back on, and am terribly happy not to have to pawn my CD player and CDs for that extra \$20 just to play, lose, and have to pay back on.

For others who are struggling with a gambling addiction - treatment works!

- State-funded treatment for gambling addiction, and information about warning signs, is available by calling the Problem Gambling Helpline: 1-800-547-6133. You can also visit them online: www.wscpg.org
- Find out who is at risk for problem gambling, get tips for talking with teens, and view the new TV ads from DASA's statewide campaign: www.notagame.org 🐾



My Recovery Story

By Pamela Keto

I entered Recovery Centers of King County as a late stage 59-year-old alcoholic, quite hopeless, physically and emotionally. I was very ill and on the verge of giving up for good.

Recovery Centers of King County (RCKC) is my 11th time in treatment. I have completed several 30-60 day programs, a six-month program, and a one-year program. My longest period of recovery was six months, but I've never felt as whole, complete, and hopeful as I do today.

Despite plenty of "tough love" from treatment programs, family, acquaintances, and myself, I continued on a self-destructive path, drinking with a vengeance. It seemed nothing was going to "work" for me. Through a series of circumstances I attribute to my God (since I was past being able to think clearly), I entered RCKC knowing only that I had to stop drinking or I was going to die. I became very open to whatever I could glean from this place that could help my seemingly hopeless situation. I have three wonderful sons who have suffered much through my disease and who mean everything to me. They deserve a decent and nurturing mother again.

Today I'm living in a state of hope and happiness that was beyond my ability to reach for many, many years. As my head began to clear, and I learned about the help I could get after treatment, I began to believe my life could pull together again. I even believed I could fulfill my true desire: be of real help to others.

Today, with great joy, I claim and believe the second step of Alcoholics Anonymous, "Came to believe that a power greater than us could restore us to sanity." And if that were true, why wouldn't I embrace the third step, and so on. Looking at my life, it has sunk into my brain at last that the last time I drank was as good as it's ever going to get, and that was a hell existence. If I drank again, I would be deliberately asking for more hell and incomprehensible insanity.

I understand now what set me up to be a problem drinker: my dysfunctional family, my shame-based upbringing, self-destructive behavior because of my pain and inability to deal with my feelings, and the unforgivable way that I thought about myself. I feel blessed to be able to drop that paralyzing burden of shame and guilt! Some of these concepts I have heard many times, but it has now all come together. When one has walked in darkness for so long, to see and feel the light is indescribably wonderful. 🐾



Treatment Analyzer is a Helpful Management Tool

By Linda Grant, Executive Director, Evergreen Manor

When the DASA Treatment Analyzer (DASA-TA) was being developed, it looked like a great idea but one, like TARGET, which busy directors would not have the time to learn or access easily. I'm so pleased that this is not the case, and hardly a day goes by that I do not go to the DASA-TA to pull some numbers.

Several times a year, we complete surveys that ask for the number of clients we serve and the hours of services we offer, and the DASA-TA is such a handy tool. Within minutes, I have the data available to complete the survey more accurately than if I have to actually spend the time digging up those numbers.

The standard reports are the extent of my use thus far, but they keep me plenty busy! The reports are professionally presented, and my board gets them regularly. It is so convenient to follow trends in client demographics, changes in drugs of choice, client outcomes, etc. We use the data derived from the DASA-TA not only for developing RFPs and county quarterly reports, but also for marketing materials, grant requests, and responding to inquiries about our outcomes.

Recently I pulled up the drug court treatment completion rates to see how our program was doing in relation to the region and state. In looking at the results, I wondered how staff were entering discharge codes and if the figures changed drastically from month to month. By pulling treatment completion reports for varying periods, I could see that we had a couple of months with a lot of discharges, but that there was an average trend that we follow. I could also see that we had, indeed, met our five percent improvement goal for the year.

I also regularly use the DASA-TA to monitor fluctuations in detox admissions and changes in the drug of choice. I only wish there were more reports for detox, which sees a revolving door population that we need to monitor more closely.

The filters are very useful in narrowing down the area of review, and I use them a lot. Perhaps someday I will venture into creating some individualized reports. The DASA-TA is a great tool, which has saved me hours of administrative time and has helped me do better quality control. And it is easy enough that even I can do it! 🐼

What is the DASA-TA?

The DASA-TA is a user-friendly system that generates reports about treatment outcomes at the state, county, and provider levels.

This web-based system is designed to be used by directors of publicly-funded chemical dependency treatment programs, county coordinators, and others responsible for using outcome data to manage publicly funded programs, improve program quality, develop policy, and enhance planning efforts.

To learn more about the DASA-TA or to become a registered user, go to www.DASA-TA.com. All directors of publicly-funded chemical dependency treatment agencies (or their designees), county coordinators, and DASA staff are eligible to register. Others who wish to register should make the request by contacting Barbara Lucenko (lucenba@dshs.wa.gov) or Fritz Wrede (wredefa@dshs.wa.gov).

How do you use the DASA-TA?

We'd love to hear from you! The best responses will be published in future Focus newsletters. Please send your responses to Barbara Lucenko at lucenba@dshs.wa.gov or fax to her at (360) 407-1044.

Pierce County Schools Increase Efforts to Connect with Parents

By Adrienne Bandlow, Prevention Specialist, Pierce County Human Services

A new and exciting project is rolling out of the Chemical Dependency Prevention Program! The Parent Involvement Coordinator (PIC) project has been implemented in several Pierce County schools and addresses two key risk factors for youth substance abuse: family management problems and low commitment to school.

The schools have been awarded a mini-grant to provide a PIC to implement a best or promising practice parenting curriculum to interested families in selected schools. Each school has devised a plan to engage parents in various activities throughout the school year. Parents wanting to encourage their child's healthy development can get the tools they need to prevent alcohol and other drug problems, delinquency, violence, school dropout and teen pregnancy.

This project is funded by the state DSHS Division of Alcohol and Substance Abuse, and supports the possibility of future capacity building for this concept. For more information about this project, contact Adrienne Bandlow at (253) 798-4529 or abandlow@co.pierce.wa.us. 🐼

The following schools have received funding for the PIC project:

Ballou Junior High
Edgemont Junior High
Endeavor Intermediate School
Ford Middle School
Harvard Elementary School
Jason Lee Middle School
Lister Elementary School
Stewart Middle School
Mountain View Elementary School
Ptarmigan Ridge Intermediate School
ReLife School
Shinning Mountain Elementary School
Surprise Lake Middle School



Sales of Tobacco to Minors Continue to Drop

95% of Washington State Retailers Voluntarily Comply with the Law

Sales of tobacco to minors in Washington has dropped by more than half since 2000, according to a new report. Ninety-five percent of tobacco retailers in Washington are now complying with the law that bans the sale of tobacco to anyone under 18. Officials credit a shift in attitude toward protecting youth from tobacco use, improved education about the legal requirements of tobacco sales, and more cooperation from retailers.

Washington's rate ensures that our federal funding for prevention programs will remain at current level. Funding can be reduced if a state has a non-compliance rate of 20 percent or higher.

Authorities perform random checks of retailers to look for stores violating tobacco laws by selling cigarettes, spit tobacco, and other tobacco products to youth. The results are published in the annual Synar Report. The latest information shows tobacco sales to minors in Washington are down to about 5 percent in 2006. That means about 95 percent of stores checked are making sure they only sell tobacco to people 18 years and older. That's up significantly since 1999 when 88 percent were complying with the law.

The recent results reinforce findings in the 2004 Healthy Youth Survey, where the number of 10th graders who said it is "sort of" or "very hard" to get tobacco, increased from under 17 percent to 46 percent.

In the past five years, smoking rates have decreased among youth by 48 percent and there are 65,000 fewer youth smokers in the state. While Washington has made significant headway in lowering smoking rates, there is still work to do. The tobacco industry spends more than \$185 million each year in the state to hook smokers and about 45 youth start smoking each day. As it gets more difficult for youth to purchase tobacco from stores, kids turn to social sources, such as older friends, family members and other adults to obtain tobacco. The Department of Health is working with its partners to produce new programs and informational materials to discourage adults from providing tobacco to minors.

Tobacco use remains the leading cause of preventable death among adults, killing 8,000 adults every year in Washington.

See the full Synar report at www1.dshs.wa.gov/dasa under "What's New".

DASA Staff Changes

The following staff changes have occurred at DASA since the last issue of FOCUS:

STAFF RETIREMENTS AND FAREWELLS

Headquarters

Toni Krupski, *Research Administrator*

Linda Walker, *Director's Administrative Assistant (Retired)*

Jennifer Gau, *Administrative Support*

Marsha Via, *State Incentive Grant Coordinator*

Jack Daniels, *Information Systems Manager (Retired)*

WELCOME TO NEW STAFF

Headquarters

Barbara Lucenko, *Research Administrator*

Ted Lamb, *Policy, Planning and Legislative Relations*

Virginia Ochoa, *Adult Treatment Manager*

Pam Mann, *Finance Manager*

Carolyn Robinson, *Director's Administrative Assistant*

Stephen Ssemaala, *Contracts Officer*

John Dziedzic, *Chief of Policy, Planning and Legislative Relations*

Regions

Louisa Erickson, *State Incentive Grant Coordinator*

Sara Mariani, *Region 3 Prevention Manager*

Jennifer Paddock, *Region 3 Administrator*

Jeanette Demianew, *Region 4 Administrative Support*

Rikisha Richardson, *Region 5 Administrative Support*

2006 Passionate Youth Treatment Professional Awards

Congratulations to the following people who received awards at the 2006 Washington State Youth Treatment Conference:

THELMA B. ROBINSON PASSIONATE YOUTH PROFESSIONAL AWARD

Amanda Williams – *Sea Mar Renacer, Seattle*

Liz Boelter – *Sundown M Ranch, Selah*

Robyn Smith – *Alcohol and Drug TeenLine Youth Volunteers, Seattle*

RICHARD RIVERA PASSIONATE YOUTH PROFESSIONAL AWARD

Dick Jones – *"Lifetime Achievement" – Excelsior, Spokane*

John Moore – *Ryther Child Center, Seattle*

George Calderon – *Sea Mar Renacer, Seattle*

Chris McLaughlin – *Parke Creek, Ellensburg*

Workforce Development Updates

The Division of Alcohol and Substance Abuse (DASA) continues to work with its' stakeholders to improve recruiting, retention, and training for chemical dependency professionals.

Planning

The Adolescent Treatment Grant Certification Subcommittee has identified workforce development as the highest planning priority. This is due to Washington's current shortage of Chemical Dependency Professionals (CDPs), dually certified clinicians, and adolescent-specific qualified staff. The leadership committee also adopted this recommendation. More information is available on DASA's homepage: www1.dshs.wa.gov/dasa, under Additional Resources, and at www.theteenline.org/csatsite/index.html.

DASA is planning a workforce development summit meeting that will include key stakeholders and DSHS staff. It will be chaired by Cynthia Moreno Tuohy, NAADAC's Executive Director, and former Central East ATTC Director. The date is tentatively planned for July. More information will be available on DASA's website.

Legislation

DASA participated in the Governor's request to the Department of Health (DOH) to review existing statutes and regulations for registered counselors. DOH found that existing laws that regulate registered counselors should be modified to protect the public and restore public confidence in the profession.

DOH recommended eliminating the existing registered counselor category and creating three new categories for all existing registered counselors and future applicants. This is significant for Chemical Dependency Professional Trainees (CDPTs), because those who are working towards their certified CDP would need a CDPT credential created in the CDP law, Chapter 18.205 RCW. They would not register as counselors under Chapter 18.19 RCW. A CDPT would attest that they are working toward the education and experience requirements for certification, and could not practice in the trainee status for more than five years.

The legislature is reviewing these recommendations as House Bill 1993. If the

recommendations are adopted they would take effect July 2007. The DOH report and executive summary can be accessed on the DOH website: https://fortress.wa.gov/doh/hpqa1/hps7/Registered_Counselor/default.htm.

Substantial Equivalency

Substantial equivalency helps Washington's counselor shortage by allowing applicants who hold a credential in another state to become certified to practice in Washington without examination, if DOH determines that the other state's credentialing standards are substantially equivalent to the standards in Washington State.

Alabama and Arizona are the newest states to be granted substantial equivalency, and join the previously approved states of Oregon and Idaho. The state credentials that are substantially equivalent are:

Alabama — Masters level addiction professional (MLAP)

Arizona — Substance Abuse Counselor (SAC)


Idaho — Advanced CADC

Oregon — CADCII & CADCIII

Additional information is available on the Department of Health (DOH) website link for CDP's at https://fortress.wa.gov/doh/hpqa1/hps7/Chemical_Dependency/licensure.htm.

Resources

- Work force development information can now be accessed on DASA's website at www1.dshs.wa.gov/dasa, under Additional Resources. This includes:
 - A workforce development powerpoint presentation
 - A report from the Northwest Frontier Addiction Technology Center
- Based on the results of an outpatient treatment rate study, DASA has requested additional funding from the legislature for increases in treatment reimbursement rates, and counselor salaries.
- A video about the CDP certification process for prospective students will soon be available to all Washington colleges. The goal of the video is to inform prospective CDP students of the certification requirements at the beginning of their course work.

For more information about workforce development, contact Robin Roberts at roberrr@dshs.wa.gov. 


New Programs Open for DOSA Patients

The Division of Alcohol and Substance Abuse (DASA) has two new 50-bed facilities for providing long-term residential treatment for clients receiving Drug Offender Sentencing Alternative (DOSA) options. In order to be eligible for this DOSA option, prospective patients must have committed a non-violent/non-sexual crime and had no more than one previous drug court opportunity.

The clients are then court-ordered to this option and sent for a chemical dependency assessment. Following the results of the assessment, clients receive a bed date at one of the two DOSA residential facilities. Clients can expect to stay in treatment anywhere from three to six months.

"These programs fulfill a much needed residential treatment option for court ordered clients", said Terrie Orphey, Criminal Justice Program Manager for the DOSA contracts.

One of the facilities is in Kent and operated by Pioneer Human Services. The other facility is in Spokane and operated by American Behavioral Health Systems. The Pioneer DOSA West facility opened for business on March 5th, 2007. The ABHS DOSA East facility opened for business on Friday, March, 30th, 2007.

Funding for the new treatment facilities was provided by the legislature in 2006. The programs are a collaboration between DASA and the Department of Corrections. 

2006 Exemplary Prevention Awards

At the fall State Prevention Summit Lt. Governor Brad Owen presented Exemplary Prevention Awards for 2006 to the following dedicated individuals and programs in Washington State:

TRAVIS SKIDMORE
Individual Award
Moses Lake

CARLA HUYCK
Individual Award
Department of Health
Tobacco Prevention and Control Program
Olympia

**MARTIN LUTHER KING, JR. FAMILY
OUTREACH CENTER**
Spokane

SUSIE ROBERTS
Lifetime Achievement
Community, Trade and Economic
Development
Olympia

LEROY "OLY" HARRISON
Lifetime Achievement
Liquor Control Board
Tacoma

Awards were also given to the following legislators for their support in maintaining effective prevention services for Washington's children, families and communities:

REP. STEVE CONWAY
29th District

REP. DENNIS FLANNIGAN
27th District

REP. BILL FROMHOLD
49th District

REP. LYNN KESSLER
24th District

REP. DEREK KILMER
26th District

REP. HELEN SOMMERS
36th District

SEN. LISA BROWN
3rd District

SEN. MARK DOUMIT
19th District

SEN. ROSEMARY McAULIFFE
1st District

SEN. BOB OKE
26th District

SEN. MARGARITA PRENTICE
11th District

Congratulations and thanks go to each awardee for their good work on behalf of Washington's families and communities.

Ask Mr. WAC – Relocations

By Mr. WAC, DASA Certification Section

Dear Mr. WAC:

I run a certified agency and our program has outgrown the current office. We need to relocate to a larger office. Someone told me I needed to let Certification Section know. What do I need to do?

Signed, Need More Space

Dear Need More Space:

DASA's Certification Section must approve the location, so it is in your best interest to submit all required information at least 60 days in advance. Here are the steps:

1. Complete a Relocation Approval Request Form, which you can find on the DASA web site at <http://www1.dshs.wa.gov/dasa/services/certification/certificationFAQs.shtml#Q2>.
2. If you already have your site, also send an ADA Checklist for Existing Facilities form, found at <http://www1.dshs.wa.gov/pdf/hrsa/dasa/CERT-FORMS/ADACHklist.pdf>.
3. Get a copy of your new location's floor plan.
4. If your new site is a residential facility, you must have Department of Health (DOH) approval to provide services at the new site before DASA will issue certification at that location. See the DOH Residential Treatment Fa-

cilities' web site: http://www.doh.wa.gov/hsqa/fsl/arcs/rcs/rf_main.htm. Some relocations also require you to follow the DOH Construction Review process. Their web site is found at <http://www.doh.wa.gov/hsqa/fsl/crs/crs.htm>.

5. Submit items 1, 2, and 3 above to DASA according to the instructions on the forms. If this is a residential facility, include evidence of item 4 in the packet.
6. Non-residential facilities are visited by a DASA staff member before approval will be given, unless otherwise advised. A DASA staff person will contact you to arrange an on-site facility review before granting approval.

Processing your request usually takes about 30 days from the date DASA receives it, but could take longer if we need more information. We cannot guarantee approval of your agency to provide services at the new location, so we recommend that you do not move until you know for sure.

We understand circumstances can sometimes delay submitting the Relocation Form. DASA staff will work with you to manage the approval process in a timely manner. Contact me at any point in the process for technical assistance.

Sincerely, Mr. WAC

If you have a question for "Dear Mr. WAC," send it to DASA by e-mail cummi-da@dshs.wa.gov or fax (360) 438-8057.



DASA Awarded Treatment Improvement Grant

DASA is pleased to announce that Washington is one of four states awarded a grant by the National Institute on Drug Abuse (NIDA) for improving treatment access and retention.

The research project goal is to determine the minimum support needed to achieve meaningful results in access and retention across a broad set of providers. Within each state, 50 providers will be randomly assigned to receive one of five packages of services:

1. Learning session, coaching, interest circles, and website
2. Learning session and website.
3. Coaching and website.
4. Interest circles and website.
5. website

Providers will be asked to adopt three categories of innovations that the Network for the Improvement of Treatment (NIATx) has found to be effective:

1. Same-day services (October 2007 – March 2008)
2. Client participation and continuation (April 2008 – September 2008)
3. Client transitions (October 2008 – March 2009)

Online Learning Kits will be available for guidance in implementing these innovations.

Provider participation in the NIATx 200 study will last from July 1, 2007 to January 1, 2010. During this period, providers will be asked to take advantage of the service packages offered, conduct Change Projects, and submit data to measure the primary and secondary outcomes of the study.

The potential benefit to our state and providers is \$391,000, which includes a stipend for administering the project.

For additional information about this project contact Robin Roberts at roberrr@dshs.wa.gov or (360) 725-3734.



Survey Shows Underage Drinking is our Biggest Drug Problem

By Chris Volkmann and Michael Langer

The 2006 Healthy Youth Survey results are out, and the good news is that most of the 200,000 students surveyed in grades 6, 8, 10 and 12 are saying “no” to alcohol, other drugs and other risky behaviors. That’s great news for parents and drug prevention educators. Unfortunately, there are still too many kids risking their health and futures by using alcohol.

About one-fourth of 10th graders, and one-third of 12th graders said they had been drunk in the past 30 days. About one in five 10th and 12th graders said they had been drunk at school. The survey results show that alcohol is still the biggest drug problem among Washington’s youth.

The good news is that even with limited funding, our state, county and school-based prevention programs are working to discourage more kids from drinking. Since 2000, binge drinking is down 42 percent among 8th graders, 15 percent among 10th graders, and 18 percent among 12th graders. This means fewer kids are at risk to fail in school, have unprotected sex, be seriously injured, or develop alcoholism. This is a trend

to celebrate – and one the Washington State Coalition to Reduce Underage Drinking (RUaD) is working to continue and expand to all grades.

RUaD, a statewide coalition of 24 agencies, organizations and parent advocates, has been planning and implementing strategies to encourage a healthier social environment for children to grow up in. One of RUaD’s goals is to reduce the alcohol marketing that kids are exposed to – a problem that’s getting worse. Research by the Center on Alcohol Marketing and Youth finds that from 2001 to 2005, the alcohol industry increased its spending on tv ads to \$4.7 billion, which resulted in a 41% increase in the number of ads seen by youth ages 12 to 20.

In addition to reducing youth exposure to alcohol marketing, changing adult attitudes and behaviors toward underage drinking is a primary focus of RUaD. It is adults, including parents, who blanket our stores, communities and sporting events

with alcohol ads, who are in denial about how much and how early kids are drinking, and who do not understand the harm in giving alcohol to youth. It is also parents who have the greatest influence on their children’s decisions about alcohol.

Every day in our country, 7,000 kids under the age of 16 take their first drink. We have a long way to go to create a safe and healthy environment for our youth, but it can be done. Now is the time for parents, educators, and policymakers to call for more limits on alcohol marketing, and more education about the ways alcohol

harms our children. It will take ongoing funding, commitment and work, but our young people, and their futures, are worth it.

Chris Volkmann is a parent representative with RUaD and co-author of *From Binge to Blackout*. Michael Langer is chair of RUaD.

For complete results of the 2006 Healthy Youth Survey, go to www.doh.wa.gov.



WASBIRT — Expanding the Continuum of Care

By Stephen H. O'Neil, Project Director

The Washington State Screening, Brief Intervention, Referral, and Treatment (WASBIRT) Project began operations in April 2004. The project is currently providing services in nine hospitals in Clark, King, Pierce, Snohomish, Thurston, and Yakima Counties. In addition to our partner hospitals, ten community agencies are providing staff, brief therapy, or traditional treatment to WASBIRT participants.

Creating Partnerships and Providing Care

Linking health care and substance use services increases awareness of substance use as a public health issue. Providing screenings in emergency departments increases the opportunity for early identification of substance use problems. For many individuals, a brief intervention will assist them in making positive changes and reduce their risk of future harm. For those who need more support, WASBIRT provides an avenue to additional services.

Sustaining WASBIRT

The federal funding for WASBIRT ends in September 2008. DASA and its partners are working together to ensure that these vital services become an ongoing part of our states continuum of substance use care. We look forward to sustaining and expanding our existing programs to the benefit of all the citizens of Washington State.

If you have any questions about WASBIRT, please contact Steve O'Neil at (360) 725-3718, toll free at 1-877-301-4557, or by e-mail at oneilsh@dshs.wa.gov.

“
As of October 2006 WASBIRT counselors had screened over 55,000 patients, performed over 25,000 brief interventions, and engaged nearly 2,000 individuals in community-based substance use services.
”

Bank of America and the Washington State Mentoring Partnership Collaborate in Support of State's Youth

Eighteen organizations across Washington received grants during September totaling \$100,000 from the Bank of America's Mentoring Initiative and the Washington State Mentoring Partnership (WSMP). The grants are an effort to support youth from moderate to low income families. The individual grants range from \$4,000 to \$7,500.

The WSMP is a collaborative effort between COSTCO Wholesale and the state Department of Social and Health Services.

"Mentoring is a potent agent for positive change in society," said Lt. Governor Brad Owen, co-chair of WSMP. "Research has shown that a structured and trusting relationship between a young person and a caring adult is related to reductions in youth pregnancy, violence and substance abuse. At the same time, mentoring is associated with improved academic performance."

Grant Recipients Include:

The 4C Coalition, Seattle
The 4-H Designers Club, Pasco
Big Brothers Big Sisters King, Pierce & Jefferson Counties, Seattle
Big Brothers Big Sisters Northwest Washington, Mt. Vernon
Big Brothers Big Sisters Northwest Washington, Bellingham
Club Mentor — Boys & Girls Club, Pasco
Communities in Schools of Renton, Renton
Community Leadership Investment & Mentor Building (CLIMB), Bellingham
Enterprise for Progress in the Community (EPIC), Kennewick
Harbor After-School Program, Aberdeen
Juvenile Rehabilitation Administration Region 6, Kelso
Kitsap Alternative School, Port Orchard
Leave No Child Waiting, Chelan
Mentoring Children of Incarcerated Parents, Yakima
Pacific & Grays Harbor 4-H, South Bend
Refugee Mentoring Program, Seattle
Youth Dynamics, Burlington
YWCA of Wenatchee Valley, Wenatchee

For more information go to www.washingtonmentoring.org, or contact Tom Pennella at (360) 725-3758 or pennetx@dshs.wa.gov.

Bush Signs STOP Act into Law

The STOP (Sober Truth on Preventing) Underage Drinking Act, called the most significant piece of underage-drinking prevention legislation passed by Congress in years, was signed into law in December by President Bush.

The STOP Act establishes a national media campaign aimed at underage drinking, funds underage-drinking prevention programs in communities, and requires the Department of Health and Human Services to report annually on progress against youth drinking.

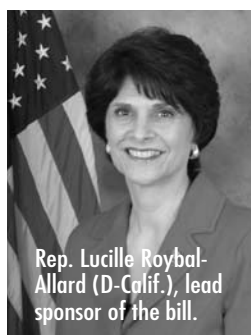
"Today's historic signing into law of our nation's first comprehensive legislation on underage drinking is a significant step toward bringing this national public-health crisis out of the shadows," said Rep.

Lucille Roybal-Allard (D-Calif.), the lead sponsor of the bill. "Prior to being elected to public office, I worked for a nonprofit agency which focused on alcohol abuse. I witnessed firsthand the many devastating consequences of irresponsible drinking.

That experience made me realize that, as a nation, we must no longer be complacent about underage drinking and its alarming consequences."

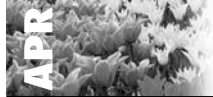
The STOP Act enacts into law some of the recommendations from an Institute of Medicine study on youth drinking: <http://books.nap.edu/catalog/10729.html%202003>. The bill was endorsed both by public-health groups and alcohol-industry representatives.

— Reprinted from *Join Together Online*: www.jointogether.org



Rep. Lucille Roybal-Allard (D-Calif.), lead sponsor of the bill.

Training and Awareness Events: April – June 2007



APRIL '07

DRUG FREE WASHINGTON MONTH

NATIONAL CHILD ABUSE PREVENTION MONTH

4-6 CLINICAL SUPERVISION TRAINING (Adolescent Providers)

Wenatchee or Yakima, WA

Contact: David Jefferson at (360) 725-3814 or
jefferd@dshs.wa.gov

5 NATIONAL ALCOHOL SCREENING DAY

5-6 YOUTH GAMBLING AWARENESS IN THE 21st CENTURY: WESTERN REGIONAL CONFERENCE ON YOUTH GAMBLING AWARENESS

Seattle, WA

Contact: www.wscpg.org

9-12 SUBSTANCE ABUSE PREVENTION SPECIALIST TRAINING

Wenatchee, WA

Contact: Debbie Lee at (360) 464-6870

12-14 FIRST ANNUAL PROVIDERS CONFERENCE CELEBRATING TREATMENT AND RECOVERY

Lynnwood, WA

Contact: Monica Jensen at (425) 823-3116 or
monicaaj@lakesidemilam.com

20 INTEGRATING NICOTINE TREATMENT INTO ADULT CHEMICAL DEPENDENCY TREATMENT PLANNING TRAINING

Kennewick, WA

Michael Towey at mtowey@tacomacc.edu



MAY '07

3 PERSONAL & PROFESSIONAL DEVELOPMENT (PROFESSIONAL ETHICS & CONFIDENTIALITY) TRAINING

Olympia, WA

Contact: Debbie Lee at (360) 464-6870 or
http://www1.dshs.wa.gov/pdf/hrsa/dasa/
Pers&ProfDev07.pdf

14-20 ALCOHOL AND OTHER DRUG RELATED BIRTH DEFECTS AWARENESS WEEK

18 EIGHTH ANNUAL SAYING IT OUT LOUD CONFERENCE

Shoreline, WA

Contact: Jeanette Demianew at (206) 272-
2156 or demiajm@dshs.wa.gov

18 MOTIVATIONAL INTERVIEWING TRAINING

Kennewick, WA

Contact: Barb Layman at (509) 225-7403 or
laymabr1@dshs.wa.gov

31 WORLD NO TOBACCO DAY

Share your alcohol/drug related news with FOCUS readers statewide. If you have events, success stories, announcements, or a policy/advocacy issue you want to write about, e-mail Deb Schnellman at schnedad@dshs.wa.gov, or call (360) 725-3763.



JUNE '07

SUMMER DRINKING AWARENESS KIT

7 PERSONAL & PROFESSIONAL DEVELOPMENT (PROFESSIONAL ETHICS & CONFIDENTIALITY) TRAINING

Olympia, WA

Contact: Debbie Lee at (360) 464-6870 or
http://www1.dshs.wa.gov/pdf/hrsa/dasa/
Pers&ProfDev07.pdf

9-11 21st ANNUAL NATIONAL CONFERENCE ON PROBLEM GAMBLING PREVENTION, RESEARCH, RECOVERY, AND TREATMENT

Kansas City, MO

Contact: www.ncpgambling.org

15 INTEGRATING NICOTINE TREATMENT INTO ADULT CHEMICAL DEPENDENCY TREATMENT PLANNING TRAINING

Yakima, WA

Contact: Michael Towey at
mtowey@tacomacc.edu

27-29 INSTITUTE ON ADDICTIONS TREATMENT CONFERENCE

Tacoma, WA

Contact: Pamela Sacks-Lawlar at
sackspa@dshs.wa.gov
or go to http://casat.unr.edu/dasa/

To register for trainings and get other workforce development information, go to www1.dshs.wa.gov/dasa and select "Sections" then "Training".



Division of Alcohol & Substance Abuse
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Olympia, WA 98504-5330

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